County: Monroe TOMAH HEALTH CARE CENTER

1505 BUTTS AVENUE

TOMAH 54660 Phone: (608) 372-3241		Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	84	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	95	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	83	Average Daily Census:	77

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	47. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	34. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	7. 2	More Than 4 Years	18. 1
Day Services	Yes		18. 1	65 - 74	7. 2		
Respite Care	Yes	Mental Illness (Other)	16. 9	75 - 84	32. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	44. 6	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	8.4	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	4. 8	ĺ	Í	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	7. 2		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	13. 3	65 & 0ver	92. 8		
Transportati on	No	Cerebrovascul ar	6. 0	'		RNs	9. 3
Referral Service	Yes	Di abetes	9. 6	Sex	% j	LPNs	10. 4
Other Services	No	Respi ratory	3.6		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	20. 5	Male	32. 5	Aides, & Orderlies	35. 5
Mentally Ill	No			Female	67. 5		
Provi de Day Programmi ng for			100.0	İ	j		
Developmentally Disabled	No			ĺ	100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther]	Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	2. 0	99	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	1. 2
Skilled Care	17	100. 0	270	46	90. 2	85	0	0.0	0	15	100.0	138	0	0.0	0	0	0.0	0	78	94. 0
Intermedi ate				4	7.8	71	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	17	100.0		51	100.0		0	0.0		15	100.0		0	0.0		0	0.0		83	100. 0

County: Monroe TOMAH HEALTH CARE CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period	l	`					
		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	stance of	% Totally	Number of
Private Home/No Home Health	6. 1	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	24. 2	Bathi ng	0.0		77. 1	22. 9	83
Other Nursing Homes	0.0	Dressing	0. 0		89. 2	10. 8	83
Acute Care Hospitals	63. 6	Transferring	15. 7		60. 2	24. 1	83
Psych. HospMR/DD Facilities	0.0	Toilet Use	22. 9		43. 4	33. 7	83
Reĥabilitation Hospitals	0.0	Eati ng	30. 1		53. 0	16. 9	83
Other Locations	6. 1	***************	*******	*****	******	*********	******
Total Number of Admissions	99	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	6. 0	Receiving R	espi ratory Care	10. 8
Private Home/No Home Health	30. 2	Occ/Freq. Incontinent	of Bladder	56 . 6		racheostomy Care	3. 6
Private Home/With Home Health	23. 3	Occ/Freq. Incontinent	of Bowel	44. 6	Receiving S	ucti oni ng	0. 0
Other Nursing Homes	11.6	i -			Receiving 0	stomy Care	3. 6
Acute Care Hospitals	4. 7	Mobility			Receiving T	ube Feeding	1. 2
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0. 0	Receiving M	echanically Altered Diets	38. 6
Reĥabilitation Hospitals	0.0	<u>'</u>			J	•	
Other Locations	3. 5	Skin Care			Other Residen	t Characteristics	
Deaths	26. 7	With Pressure Sores		3. 6	Have Advance	e Directives	69. 9
Total Number of Discharges		With Rashes		1. 2	Medi cati ons		
(Including Deaths)	86	ĺ			Receiving P	sychoactive Drugs	21. 7
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	This Facility	Ownershi p: Nonprofi t Peer Group		50	Si ze: - 99 Group	Ski	ensure: lled Group	Al l Faci l	l lities		
	%	% Ratio		% Ratio		% Ratio		%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	80. 6	88. 9	0. 91	85. 1	0. 95	84. 4	0. 95	84. 6	0. 95		
Current Residents from In-County	69. 9	78. 4	0. 89	72. 2	0. 97	75. 4	0. 93	77. 0	0. 91		
Admissions from In-County, Still Residing Admissions/Average Daily Census	19. 2 128. 6	25. 3 108. 1	0. 76 1. 19	20. 8 111. 7	0. 92 1. 15	22. 1 118. 1	0. 87 1. 09	20. 8 128. 9	0. 92 1. 00		
Di scharges/Average Daily Census	111. 7	108. 1	1. 19	111. 7	1. 13	118. 1	0. 94	130. 0	0. 86		
Discharges To Private Residence/Average Daily Census	59. 7	37. 6	1. 59	42. 8	1. 39	46. 1	1. 30	52. 8	1. 13		
Residents Receiving Skilled Care	95. 2	90. 9	1. 05	91. 3	1. 04	91. 6	1. 04	85. 3	1. 12		
Residents Aged 65 and Older	92. 8	96. 2	0. 96	93. 6	0. 99	94. 2	0. 98	87. 5	1. 06		
Title 19 (Medicaid) Funded Residents	61. 4	67. 9	0. 90	67. 0	0. 92	69. 7	0.88	68. 7	0.89		
Private Pay Funded Residents	18. 1	26. 2	0. 69	23. 5	0.77	21. 2	0. 85	22. 0	0. 82		
Developmentally Disabled Residents	0. 0	0. 5	0.00	0. 9	0.00	0. 8	0.00	7. 6	0.00		
Mentally Ill Residents	34. 9	39. 0	0. 90	41.0	0. 85	39. 5	0. 88	33. 8	1. 03		
General Medical Service Residents	20. 5	16. 5	1. 24	16. 1	1. 27	16. 2	1. 26	19. 4	1. 06		
Impaired ADL (Mean)	54 . 0	49. 9	1. 08	48. 7	1. 11	48. 5	1. 11	49. 3	1. 10		
Psychol ogi cal Problems	21. 7	48. 3	0. 45	50. 2	0. 43	50. 0	0. 43	51. 9	0. 42		
Nursing Care Required (Mean)	7. 8	7. 0	1. 11	7. 3	1. 08	7. 0	1. 11	7. 3	1. 07		